Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1)						mn (1)	_	SMALL ENTITY TYPE		00	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			(Coldinity)		(Column 2)		ľ	RATE	FEE	or I I	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	ŀ	BASIC FEE		00	BASIC FEE	740.00
					. NOIVID		F		0,0.00	OH		7 10.00
TOTAL CHARGEABLE CLAIMS			17minus 20=		* Ø		ı	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		· Ø			X42=		OR	X84=	1
MU	LTIPLE DEPEN	DENT CLAIM PI	ESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0"			column 2		TOTAL		OR	TOTAL	740
	CI			•		•	OTHER	THAN				
(Column 1)				(Column 2) HIGHEST		(Column 3)	_	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	independent	*	Minus	***	T CLAIRA	=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=.		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		,	10011.1 EE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER MOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X42=		OR	X84=	
٩	FIRST PRESE	ULTIPLE DEF	PENDEN	T CLAIM		┚╏						
+140=										OR	+280=	
		,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=] [X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1		
* Make a A. Sanahara A. Sanahara A. Sanahara A. Sanahara A. Sanahara A. Sanahara A.										OR	+280=	
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	<u></u>
		nber Previously Pa					er fou	ınd in the ap	propriate bo	x in co	olumn 1.	